		50/	Express Mail No. EV CRACTIC VES
	- HOLTDANC	Mi	
	(S) TRANS		Note: The certificate of mailing below can only be used for domestic mailings of the Fee Transmittal. This certificate cannot be used for mailings of the Fee Transmittal. Each additional paper, such as an excompanying papers. Each additional paper, such as an excompanying papers.
to transmitting the ISSUE reco			Note: The certificate of mailing below certificate cannot be used for mailings of the Fee Transmittal. This certificate cannot be used for mailings of the Fee Transmittal. This certificate as an any other accompanying papers. Each additional paper, such as an any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of assignment or formal drawing, must have its own certificate of
ALLING INSTRUCTIONS: This form should be used to the complete where appropriations through 4 should be completed where appropriations to the complete where a distribution of reluding the Patent, advanced orders and notification of reluding the Patent, advanced orders as indicated unless of the correspondence address as indicated unless of the correspondence address.	e. All further con-	rill be mailed to	any other accompany
ALLING INSTRUCTIONS: locks 1 through 4 should be completed where appropriate the state of the s	orrected below of	therwise	mailing.
luding the serrespondence address as mandence address;	and to blumble and	and the second	Certificate of Mailing Certificate is being deposited with the
ock 1, by the maintenance lee not	1	ORE KS	Certificate of Mailing Certificate of Mailing I hereby certify that this Fee Transmittal is being deposited with the states Postal Service with sufficient postage for first class I hereby certify that this Fee Transmittal is being deposited with the sufficient postage for first class I hereby certify that this Fee Transmittal is being deposited with the sufficient postage for first class.
EE ADDRESS" for Maintenance ADDRESS URRENT CORRESPONDENCE ADDRESS	MAR 1 7	Will Es	I linited States
URRENT CORRESPONDENT	/ MM	<i>E)</i>	mail in an envelope addressor above on the date indicated below. (Depositor's name)
MORGAN, LEWIS & BOCKIUS	LLKE	. A.Pat	(Signature)
MORGAN, LEWIS & BUCKIOS	& TRADE		(Date)
2 Palo Alto Square 2 Palo Alto Square 3 Peal Suite 700			
and El Camillo Real, 5			CONFIRMATION NO.
Palo Alto, CA 94306			
	FIRST NAM	MED INVENTOR	EYE SAFETY DURING OPERATION OF A FIBER OPTIC PUBLICATION FEE DUBLICATION FEE DUBLICATION OF DUBLICATION FEE D
APPLICATION NO. FILING DATE 11/13/2003	Lewis	B. Aronson	EYE SAFETY DURING OPERATION
10/713,752 SYSTEM AND N	METHOD FOR P	ROTECTIO	TOTAL FEE(S) DATE DUE
		TO FEE	PUBLICATION FEE DUE 06/03/2005
TRANSCEIVER SMALL EN	TITY	ISSUE FEE	\$300
ADDI N TYPE		\$1400	
nonprovisional No		CLASS-S	UB CLASS
ART U	VIT	2000	107000
EXAMINER 2633	2		the patent front
	of "Fee	2. For printing C	names of up to 3 1. Morgan, Lewis 4
et correspondence address u	10	registered pater	(0) the name of a
1. Change of Conservation 1. Change of Conservation 1. Address" (37 CFR 1.363).		OR, alternatives	member a
Chance	e of	registered accor	record natent
Change of correspondence address (or Change Correspondence Address form PTO/SB/122) attack	hed.	names of up to	of the name is 3
Correspondence	edication form	I listed no nam	
"Fee Address" indication (or "Fee Address" in PTO/SB/47) attached. Use of a Customer Number	er is required.	,	whom an
PTO/SB/47) attached. Use 5.	DE PRINTED	ON THE PATEN	T (print or type) Inclusion of assignee data is only appearant. Inclusion of assignee data is NOT a substitute for
"Fee Address" indication PTO/SB/47) attached. Use of a Customer Number 3. ASSIGNEE NAME AND RESIDENCE DATA 3. ASSIGNEE NAME AND RESIDENCE DATA	Y TO BE TIME	ignee data will a	ppear on the patents. Completion of this formation of this formation.
3. ASSIGNEE Williams an assignee is identif	the USPTO or is	being submitted	on COUNTRY)
PLEASE NOTE: Other previously submitted to	9 4	(0)	T (print or type) spear on the patent. Inclusion of assignee data is only appropriate when an under separate cover. Completion of this form is NOT a substitute for RESIDENCE: (CITY and STATE OR COUNTRY) Sunnyvale, California
filing an assignment.		(6)	Sumyvais
- COLCNEE!			ctopt
_		(will not be pri	nted on the paterny
Please check the appropriate assignee cate ☐ Individual ☑ corporation or other p	gory of Categoria	y governm	ent comment of Fee(s):
Individual corporation or other participation of other participation or other participation	MIVOUS 6		
4a. The following fee(s) are enclosed:			check in the amount of pro-2038 is attached.
•		☐ Pa	yment by credit card. The pereby authorized to charge the required t
S Issue Fee		E-71 T	be Commissioner to the Alumber 50-03 to total
Publication Fee Advanced Order - # of Copies		any o	verpayment, to be this form).
Advanced Olds	_	(encl	ublication Fee (if any) or to re-apply any provide
-21.	ested to apply the	Issue Fee and F	verpayment, to Deposit Account Number verpayment, to Deposit Account N
COMMISSIONER FOR PATENTS is reduce)		(Date)
auditous.			March 11, 2005
(Authorized Signature)			
Beg No	745,645	on the applicant; a	registered attorney or
Attorney Dion M. Bregman Beg No NOTE: The Issue Fee will not be accepted in agent; or the assignee of other party in inter- agent; or the assignee of other party in inter-	om anyone other the	records of the Pat	ent and Trademin a
NOTE: The Issue Fee will not be accepted in NOTE: The Issue Fee will not be accepted in agent; or the assignee of other party in intermagent; or the assignee of other party in intermation is required by This collection of information is required by the public which is to file (and by	37 CFR 1.133. The	information is req	Confidentiality is governed
benefit by the and 37 CRF 1.14.	I read application	ormi	lete this form
vy 35 0.5.5 and submitting the	Abo amount of till	o logo Off	cer, U.S. Tutter DO NOT
upon the man for reducing this builden, of Co.	mmerce, P.O. Box 1	TO Mail Stop	ssue Fee, Comm
Trademark Office, U.S. Department of Co	THIS ADDRESS. SEN	1D 10	to a collection of information
Trademark Office, OMPLETED FORMS TO I SEND FEES OR COMPLETED FORMS TO I SEND FEES OR COMPLETED FORMS TO I SEND FEES OF 19 Patents, P.O. Box 1450, Alexandria, VA 2	195, no persons are f	equired to respe-	TO A COMM
Under the Paperwork Reduction Act of 18	nber.		THIS FORM WITH FEE(S)
Under the Paperwork Reduction Act of the unless it displays a valid OMB control nur		TRANSMI	1.0033 U.S. Patent and
enless it displays a valid Onle of the PTOL-85 (REV. 04-02) Approved for the PTOL-85 (REV. 04-02) Approved f	use through 01/31/	Z004. ONLD 000	
PTOL-85 (REV. 04-02) APP. 3			

03/16/2005 YPOLITE2 00000001 500310 10713752

01 FC:1501 02 FC:1504 1400.00 DA 300.00 DA